

| SCC eFile   | <b>2012 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | 212522260  |       |            |        |             |
|---|---|--|-------|------------|--------|-------------|
| 1.) CORPORATION NAME:<br><b>MphasiS Limited</b>   |   | DUE DATE: <b>6/30/2012</b>   |       |            |        |             |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>RALS VA LLC</b><br><b>7288 HANOVER GREEN DR</b><br><b>MECHANICSVILLE, VA 23111</b>   |   | SCC ID NO: <b>F1827163</b>   |       |            |        |             |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HANOVER COUNTY</b>  |   | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>245,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 245,000,000 |
| CLASS   | AUTHORIZED  |  |       |            |        |             |
| COMMON  | 245,000,000   |  |       |            |        |             |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>FN</b>   |   |  |       |            |        |             |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br><div style="text-align: center;">             ADDRESS: BAGMANE TECHNOLOGY PARK,BYRASANDRA,CV RAMAN NAGAR,<br/><br/>             CITY/ST/ZIP: BANGALORE, FN 99999-9999IN           </div> |   |  |       |            |        |             |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.  |   |  |       |            |        |             |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:  | BALU GANESH AYYAR<br>PRESIDENT<br>BAGMANE TECH. PARK,BYRASANDRA,CV RAMAN NAGAR<br>, , FN            | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |             |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:  | GANESH MURTHY<br>CFO<br>BAGMANE TECH PARK ,BYRASANDRA,CV RAMAN NAGAR<br>, , FN                      | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR  |       |            |        |             |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:  | A SIVARAM NAIR<br>SECRETARY<br>BAGMANE TECH. PARK,BYRASANDRA,CV RAMAN NAGAR<br>, , FN               | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR  |       |            |        |             |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:  | DAVINDER SINGH BRAR<br>DIRECTOR<br>307-309, THIRD FLR, BPTP PARK CENTRA (OPP. 32<br>, , FN          | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |             |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:  | GERARD BROSSARD<br>DIRECTOR<br>3000 HANOVER ST., MS 1032<br>PALO ALTO, CA 94304                     | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |             |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:  | BALU DORAISAMY<br>DIRECTOR<br>450 ALEXANDRA ROAD<br>, , FN  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |             |

|  |  |   |  |
|--|--|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DR. FRIEDRICH FROESCHL<br>DIRECTOR<br>BOMHARDSTRASSE 6<br>, , FN                       | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | NAWSHIR H MIRZA<br>DIRECTOR<br>117 MITTAL TOWER, 'B' WING, 11TH FLR, 210, NA<br>, , FN | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ANTONIO FABIO NERI<br>DIRECTOR<br>5400 LEGACY DRIVE, M/S H2-8E-10<br>PLANO, TX 75024   | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | V. RAVICHANDRAN<br>DIRECTOR<br>HP-GLOBAL BUS. SRVC.WIND TUNNEL RD.<br>, , FN           | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | FRANCESCO SERAFANI<br>DIRECTOR<br>UEBERLANDSTRASSE 1, CH 8600<br>, , FN                | <input type="checkbox"/> OFFICER                              | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |  |   |  |
| /s/ A SIVARAM NAIR<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  |  | A SIVARAM NAIR, SECRETARY<br>PRINTED NAME AND CORPORATE TITLE |  |
|  |  | 6/14/2012<br>DATE   |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |  |   |  |